

**EMT-II REGULATORY TASK FORCE  
MEETING MINUTES  
April 14, 2005  
EMS Authority  
Sacramento, CA**

**I.Introductions**

Self-introductions were made.

<b>MEMBERS PRESENT</b>	<b>EMSA STAFF PRESENT</b>	<b>ALTERNATES PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>ALTERNATES ABSENT</b>
Steve Drewniany	Sean Trask	Louis Bruhnke	Deb Aspling	Howard Fincher
Ron Grider	Julie Hamilton	Steve Tharratt	Cliff Flud	Lawson Stuart
Ruth Grubb	Dan Smiley		Lisa Howell	Chet Ward
Kelly Lazarus			Larry Karstead	
Robert May			Frank Maas	
Kevin White			Bonny Martignoni	
		<b>CONFERENCE CALL</b>	Kathy Ochoa	
		Debbie Becker	Ed Pendergast	
		Bruce Haynes	Stephanie Rasmussen	
		Tom McGinnis	Vicki Stevens	
		John Pritting	Janet Terlouw	
			Tim Williams	

**II.Minutes:**

A. Approved as written

**III.Agenda:**

A. Approved as written

**IV. Old Business:**

- A Cal Chiefs Recommendation for EMT-I Regulation Amendment – Cal Chiefs proposed to amend Section 100073 (a) (4) to read, “A refresher course and/or continuing education courses required for recertification, “ in order to be consistent with Section 100066 (b) (9) which states, “Provisions for a refresher course including subsections (1)-(9) above, and/or continuing education courses including subsections (1)-(3) above, required for recertification.” The reason for this proposal was ensure that a local EMS agency would not require a final examination for recertification because a local public safety agency that wishes to certify and recertify EMT-Is must have an approved EMT-I training program and one of the components of an approved EMT-I training program is a final written and skills examination. The EMT-II Task Force members all agreed that a public safety agency that certifies and recertifies EMT-Is shall be able to do so using continuing education units and not requiring a final written and skills examination for those individuals that use CEs for recertification. The EMT-II Task Force members present agreed to the following amendments:
1. **Section 100058 (a)** – The program director of an approved EMT-I training program offered by a public safety agency may certify ~~and recertify an individual public safety personnel~~ who ~~complies~~ comply with the requirements of this Chapter ~~and who has~~

~~successfully completed its approved EMT-I course and an approved certifying examination.~~

2. **Section 100058 (b)** - The program director of an approved EMT-I training program offered by a public safety agency may recertify public safety personnel who successfully complete either an approved EMT-I refresher course or continuing education units that comply with the requirements of this Chapter.
3. **Section 100058 (b) (c)** – The medical director of the local EMS agency shall certify and recertify all other applicants for EMT-I certification within their jurisdiction who have complied with the requirements of this Chapter.
4. **Section 100066(b) (9)** – Provisions for a refresher course including subsections (1)-(9 8) above, ~~and/or continuing education courses including subsections (1)-(3) above~~, required for recertification.
5. **Section 100078 (a) (1)** – The person is a currently licensed physician, registered nurse, physician assistant, ~~or vocational nurse, or paramedic.~~
6. **Section 100079 (a) (1)** – Have a valid EMT-I course completion record or other documented proof of successful completion of an approved initial EMT-I course,
7. **Section 100079 (a) (2)** – Have documentation of successful completion of an approved out-of-state initial EMT-I training course, within the last two years which meets the requirements of this Chapter.
8. **Section 100079 (j) (1)** – A person who possesses a current and valid out-of-state ~~EMT-I~~, EMT-Intermediate or Paramedic certification or a current and valid National Registry EMT-Basic, EMT-Intermediate or Paramedic certification, the expiration date shall be the same expiration date as stated on the out-of-state or National Registry certification.

- B. National Scope of Practice Model – The Task Force was updated on the Version 2.0 of the National Scope of Practice Model which will be released soon. The National Scope of Practice is focused on four levels of EMS provider: Emergency Medical Responder, EMT-Basic, EMT-Advanced and Paramedic. The advanced paramedic was dropped. The proposed scope of practice matrix for the second version of the National Scope of Practice Mode will consist of four levels of providers as follows:

Emergency Medical Responder	Emergency Medical Technician	Advanced EMT	Paramedic
Oral airway BVM Obstruction–manual Oxygen therapy Nasal cannula Non-rebreather face mask Upper airway suctioning Manual BP  Unit dose auto-injectors for self or peer care  Cervical collar Manual stabilization Extremity splinting Eye irrigation Rapid extrication	Humidifiers Pulse oximetry Manual and auto BP  Assisting a patient in administering his/her own prescribed medications, including auto-injection  Administered Meds -MD-approved over the-counter medications (activated charcoal, oral glucose, oral analgesics, ASA for chest pain of suspected ischemic origin)	Esophageal-Tracheal Multi-Lumen Airways Blood glucose monitor  Peripheral IV insertion IV fluid infusion  Med Administration -Aerosolized -Subcutaneous -Intramuscular -Nebulized -Sublingual -Intranasal  IV push of D50 and narcotic antagonist only Administered Meds Routes	Needle chest decompression Chest tube monitoring Percutaneous cricothyrotomy ETCO <sub>2</sub> /Capnography NG/OG tube Endotracheal intubation Non-paralytic, pharmacologically assisted intubation (without paralytics) Nasotracheal intubation Airway obstruction removal by DL PEEP EKG interpretation Interpretive 12 Lead Blood chemistry analysis

<b>Emergency Medical Responder</b>	<b>Emergency Medical Technician</b>	<b>Advanced EMT</b>	<b>Paramedic</b>
Direct pressure Hemorrhage control	Spinal immobilization Seated spinal immobilization Long board Traction splinting Mechanical pt restraint Tourniquet MAST/PASG	SL Nitroglycerine for chest pain of suspected ischemic origin SQ epinephrine for anaphylaxis IM glucagon and IV D50 for hypoglycemia Inhaled beta agonist for dyspnea and wheezing Narcotic antagonist Nitrous oxide for pain relief	Central line monitoring IO insertion Venous blood sampling Med Administration Routes -Endotracheal -IV (push and infusion) -NG -Rectal -IO -Topical -Accessing implanted central IV port Administered Meds -MD-approved medications -Maintenance of blood administration Thrombolytics initiation

Version 2.0 will soon be released for public comment, the public comment period ends on June 1, 2005. Once Version 2.0 is released the EMS Authority will forward a copy to the Task Force members and asked the Task Force members to share this document with their respective organizations to review and provide the EMS Authority with comments. The comments will be taken to the National State EMS Directors meeting by Dan Smiley, Chief Deputy Director.

- C. Scope of Practice for Each Module – The draft EMT-II scope of practice was distributed to the Task Force members and consists of two modules. The first module is as follows:

Administer the Following Medications (EMT-Advanced):

- Aspirin
- Glucagon
- Nitroglycerine
- Inhaled Beta-2 Agonists (Bronchodilators)
- Activated Charcoal
- Naloxone
- Epinephrine
- 50% Dextrose
- Mark-I Kits:
  - Atropine
  - Pralidoxime Chloride

Perform the following skills:

- Establish intravenous access
- Perform blood glucose determination
- Esophageal -Tracheal Airway device
- Manual defibrillation under the supervision of a paramedic

The second module is as follows:

Optional Skills for EMT-II Programs in Existence<sup>1</sup>

- Activities contained in the EMT-Advanced scope of practice.
- Administer the Following Medications:
  - Lidocaine hydrochloride
  - Atropine sulfate
  - Sodium bicarbonate
  - Furosemide
  - Epinephrine
  - Morphine sulfate
  - Benzodiazepines (midazolam)

Perform the following Optional Skill:

- Cardiovert an unconscious patient in ventricular tachycardia
- Defibrillate a patient in ventricular fibrillation

EMDAC, at their March 22, 2005 meeting, has recommended the first module. The second module was added in order to include a scope of practice for existing EMT-II programs in place. Endotracheal intubation will be eliminated from the EMT-II scope of practice. The Health and Safety Code, Section 1797.171 (c) limits additions to the EMT-II scope of practice to those EMT-II programs that were in effect on January 1, 1994. This limits any optional scope items to the EMT-II scope of practice to only those EMT-II programs that were in effect on January 1, 1994. The Task Force members present agreed with the two modules of the EMT-II scope of practice.

**V. Topics of Instruction for the Scope of Each Module**

The Task Force members present agreed to utilize the Imperial County Trial Study teaching topics for the topic for each module. The Task Force members requested a "clean" copy of the draft EMT-II Regulations with decisions made, to date, by the Task Force. A clean copy will be drafted for the Task Force members to review.

The Task Force also raised the issue of where EMT-IIs will be utilized. After some discussion, the Task Force members agreed to continue moving forward with the Task Force objectives and address this topic when there is more progress made. The Task Force was not able to agree, at this point, that the decision to incorporate EMT-IIs within a paramedic system would be open to all local EMS systems in the state, nor was the Task Force able to decide if EMT-IIs should be limited to rural areas.

**VI. Discussion:**

- A. Review of Action Items: The Task Force reviewed the action items discussed.
- B. Next Meeting – The next meeting of the Task Force will be May 12, 2005 in Rancho Cucamonga
- C. Adjourn – The meeting was adjourned.

Recorder: Sean Trask/ Julie Hamilton